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Date:

July 13, 2004

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ART UNIT 2663	Company	City	Phone
Examiner: Min Jung	United States Patent Office - Facsimile Centre	Alexandria, VA	(703) 872-9306

Re: Serial No. 09/648,610
Inventor(s): WILHELM, Diana Joan
Title: IP MULTICAST SERVICES OVER ATM MULTICAST

Response to Office Action of May 14, 2004 attached.

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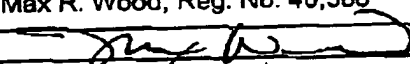
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PTO/SS/21 (06-03)
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/848,610	
	Filing Date	August 28, 2000	
	First Named Inventor	WILHELM, Diana Joan	
	Art Unit	2663	
	Examiner Name	Min Jung	
Total Number of Pages in This Submission	11	Attorney Docket Number	9-13528-107US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Max R. Wood, Reg. No. 40,388	
Signature		
Date	July 13, 2004	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Max R. Wood, Reg. No. 40,388	
Signature		Date July 13, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **WILHELM, Diana Joan**
Filed: **August 28, 2000**
Serial No.: **09/648,610**
Title: **IP MULTICAST SERVICES OVER
ATM MULTICAST**
Examiner: **Min Jung**
Group Art Unit: **2663**

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United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
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AMENDMENT

Sir:

In response to a Final Office Action dated May 14, 2004, please
amend the above-identified patent application as follows:

Amendments to the Claims are reflected in a listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

DOCSOTT: 333317\1